### Case 17-17132 Doc 1 Filed 06/03/17 Entered 06/03/17 11:12:17 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Roberta First name                             | First name                                    |
|     |  | Middle name                                    | Middle name                                   |
|     |  | Henry Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  | Roberta Brown                                  |   |
|     | Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-4042                                    |   |

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Case number (if known)

Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Roberta Henry

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1132 N Monticello Chicago, IL 60651 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason.

Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Roberta Henry

| ⊃ar  | t 2: Tell the Court About   | Your B         | ankruptcy Ca                    | ise                                 |  |  |  |
|--|---|----------------|---------------------------------|-------------------------------------|--|--|--|
| 7. The chapter of the Bankruptcy Code you are choosing to file under |   |                |                                 |                                     |  | Filing for Bankruptcy  |  |
|  | choosing to file under  | □с             | hapter 7                        |                                     |  |  |  |
|  |   | □с             | hapter 11                       |                                     |  |  |  |
|  |   | □с             | hapter 12                       |                                     |  |  |  |
|  |   | <b>■</b> C     | hapter 13                       |                                     |  |  |  |
| _  | Hamman will man the fee   | _              |                                 |                                     | an I file man metition. Division                             | the second section of the sec | al accord for account data la                          |
| 5.   | How you will pay the fee  | •              | about how yo                    | ou may pay. Ty<br>attorney is sub   | pically, if you are paying the fe                            | check with the clerk's office in your loc-<br>be yourself, you may pay with cash, ca<br>behalf, your attorney may pay with a c   | shier's check, or money                                |
|  |   |                |                                 |                                     | stallments. If you choose this ots (Official Form 103A).     | option, sign and attach the Application  | for Individuals to Pay                                 |
|  |   |                | but is not req<br>applies to yo | uired to, waive<br>ur family size a | your fee, and may do so only and you are unable to pay the f | ption only if you are filing for Chapter if your income is less than 150% of the ee in installments). If you choose this official Form 103B) and file it with you  | e official poverty line that option, you must fill out |
|  |   |                | те Аррисан                      | on to have the                      | Chapter 7 Tilling Fee Walved                                 | omolari omi rood, and me it with you   | r petitori.  |
| 9.   | Have you filed for bankruptcy within the last 8 years?  | ■ No           |                                 |                                     |  |  |  |
|  |   |                | District                        |                                     | When   | Case number  |  |
|  |   |                | District                        |                                     | When   | Case number  |  |
|  |   |                | District                        |                                     | When   | Case number  |  |
|  |   |                |                                 |                                     |  |  |  |
| 10.  | Are any bankruptcy cases pending or being   | ■ No           | 0                               |                                     |  |  |  |
|  | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye           | es.                             |                                     |  |  |  |
|  |   |                | Debtor                          |                                     |  | Relationship to you  |  |
|  |   |                | District                        |                                     | When   | Case number, if known  | wn   |
|  |   |                | Debtor                          |                                     |  | Relationship to you  |  |
|  |   |                | District                        |                                     | When   | Case number, if known  | wn   |
| 11.  | Do you rent your  | ■ No           | Go to I                         | ine 12.                             |  |  |  |
|  | residence?  | — 1 <b>1</b> € |                                 | our landlord ob                     | tained an eviction judgment ac                               | ainst you and do you want to stay in y   | our residence?   |
|  |   | <b>□</b> 16    | gs. 1100 ye                     | No. Go to line                      | , ,  | jamili jou and do jou train to day iii y   |  |
|  |   |                |                                 |                                     | nitial Statement About an Evic                               | tion Judgment Against You (Form 101)   | A) and file it with this                               |
|  |   |                |                                 |                                     |  |  |  |

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Document Page 4 of 46 Case number (if known) Debtor 1 Roberta Henry Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any

property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Part 5: Expla

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 46 Case number (if known) Debtor 1 Roberta Henry **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Roberta Henry Signature of Debtor 2 Roberta Henry Signature of Debtor 1 Executed on June 3, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Roberta Henry Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|   | G. Stahulak<br>Attorney for Debtor       | Date          | June 3, 2017<br>MM / DD / YYYY |  |  |  |  |
|---|--|---------------|--------------------------------|--|--|--|--|
| Thomas G.   | Stahulak                                 |               |                                |  |  |  |  |
| Stahulak & Firm name                                | Stahulak & Associates, L.L.C. / GetFiled |               |                                |  |  |  |  |
| 53 W. Jackson Blvd., Suite 652<br>Chicago, IL 60604 |  |               |                                |  |  |  |  |
| Contact phone                                       | City, State & ZIP Code (312) 662-1480    | Email address | ecf@stahulakandassociates.com  |  |  |  |  |
| 6288620   | ate                                      |               |                                |  |  |  |  |

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|------------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor     | mation to identify your  | case:             |                  |                       |
| Debtor 1               | Roberta Henry            |                   |                  |                       |
|                        | First Name               | Middle Name       | Last Name        |                       |
| Debtor 2               |                          |                   |                  |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                       |
| Case number (if known) |                          |                   |                  | ☐ Check if this is an |
|                        |                          |                   |                  |                       |

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets   |              |                         |
|-----|--|--------------|-------------------------|
|     |  | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 127,000.00              |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 4,635.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 131,635.00              |
| Pai | t 2: Summarize Your Liabilities  |              |                         |
|     |  |              | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 18,981.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 8,001.00                |
|     | Your total liabilities   | \$           | 26,982.00               |
| Pai | t 3: Summarize Your Income and Expenses  |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 1,534.69                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 1,324.69                |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |              |                         |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

1,868.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|--|----------------------------|--------------------------------------|---------------------|---|---|---|------------|--|
| FIII   | in this in                 | formation to identify                | your case and t     |   | 1 MM. 1(7 ()) 4()   |   |            |  |
| Deb  | otor 1                     | Roberta Hen                          |                     | le Name                                       | Last Name   |   |            |  |
|  | otor 2<br>ouse, if filing) | First Name                           |                     | le Name                                       | Last Name   |   |            |  |
| Uni  | ted States                 | Bankruptcy Court for                 | the: NORTHER        | RN DISTRICT OF ILLIN                          | NOIS  |   |            |  |
| Cas  | se number                  | r                                    |                     |   | -   |   | [          | Check if this is an amended filing                                 |
| _  |                            | Form 106A/E                          | _                   |   |   |   |            |  |
| <u>Sc</u>  | ched                       | ule A/B: Pı                          | roperty             |   |   |   |            | 12/15  |
| nfor   | mation. If a               | more space is needed, a<br>question. | attach a separate s |   | e are filing together, both are e<br>e top of any additional pages, v<br>n or Have an Interest In |   |            |  |
| . D  | o you own                  | or have any legal or eg              | uitable interest in | any residence, building,                      | land, or similar property?  |   |            |  |
|  | No. Go to                  |                                      | ,                   | 3,  | , , , , , , , , , , , , , , , , , , ,   |   |            |  |
|  | _                          | ere is the property?                 |                     |   |   |   |            |  |
| 1.1  |                            |                                      |                     | What is the property                          | ? Check all that apply  |   |            |  |
|  |                            | Monticello                           |                     | ☐ Single-family h                             | nome  |   |            | ns or exemptions. Put  |
| Street address, if available, or other description |                            |                                      |                     |   |   | red claims on Schedule D:<br>laims Secured by Property. |            |  |
|  | Chicag                     |                                      | 60651-0000          | Land  | or mobile home  | Current value of entire property?                       |            | Current value of the portion you own?                              |
|  | City                       | State                                | ZIP Code            | ☐ Investment pro☐ Timeshare☐ Other            | operty  |   | ure of you | \$127,000.00<br>ar ownership interest<br>acy by the entireties, or |
|  |                            |                                      |                     | Who has an interest                           | in the property? Check one  | a life estate), if keeps imple                          |            | icy by the entheties, of   |
|  | Cook                       |                                      |                     | ■ Debtor 1 only ■ Debtor 2 only               | -   | i ee siiripie   |            |  |
|  | County                     |                                      |                     | Debtor 1 and I                                | Debtor 2 only   | — Cheek if this   |            |  |
|  |                            |                                      |                     | ☐ At least one of                             | f the debtors and another   | (see instruction  |            | unity property   |
|  |                            |                                      |                     | Other information you property identification | ou wish to add about this item,<br>on number:   | such as local   |            |  |
|  |                            |                                      |                     |   |   |   |            |  |
|  |                            |                                      |                     |   |   |   |            |  |

Part 2: Describe Your Vehicles

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here......>>

Schedule A/B: Property

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that

Official Form 106A/B

page 1

\$127,000.00

| Dake          |                           | Case 17-1713  | 32 Doc 1             | Filed 06/03/17<br>Document                          | Entered 06/03<br>Page 11 of 46 |  | Desc Main   |
|---------------|---------------------------|---|----------------------|---|--------------------------------|--|---|
| Debt          | _                         | Roberta Henry   |                      |   |                                | ase number (if known)                    |   |
| 3. <b>C</b> a | ars, vans                 | s, trucks, tractors, s  | port utility veh     | icles, motorcycles                                  |                                |  |   |
|               | No                        |   |                      |   |                                |  |   |
|               | Yes                       |   |                      |   |                                |  |   |
| 3.1           | Make:                     | Saturn  |                      | Who has an interest in th                           | e property? Check one          | the amount of any se                     | ed claims or exemptions. Put ecured claims on Schedule D:                         |
|               | Model:                    | Aura  |                      | Debtor 1 only                                       |                                | Creditors Who Have                       | Claims Secured by Property.   |
|               | Year:<br>Approx           | 2009 imate mileage:   | 164000               | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 of          | only                           | Current value of the<br>entire property? | Current value of the portion you own?   |
|               |                           | nformation:   | 101000               | ☐ At least one of the debte                         | •                              | onimo proporty :                         | portion you oit   |
|               |                           |   |                      |   |                                |  |   |
|               |                           |   |                      | Check if this is comme (see instructions)           | unity property                 | \$4,015.0                                | 90 \$4,015.00   |
| 5 <b>A</b>    |                           |   |                      | n for all of your entries fr<br>hat number here     |                                |  | \$4,015.00  |
| 6. <b>H</b> c | ou own                    | or have any legal o<br>or goods and furnish<br>Major appliances, fu | r equitable inte     | erest in any of the follow                          | ring items?                    |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|               | i No                      | . Major appliances, it  | arriiture, iirieris, | Ciliia, Kitchenware                                 |                                |  |   |
|               | Yes. D                    | escribe   |                      |   |                                |  |   |
|               |                           |   |                      |   |                                |  |   |
|               |                           | Use   | d personal ho        | usehold furniture and g                             | goods/items                    |  | \$300.00  |
| E             | l <sub>No</sub>           | : Televisions and rad   |                      | o, stereo, and digital equip<br>edia players, games | oment; computers, printe       | ers, scanners; music coll                | ections; electronic devices   |
| E.            | xamples                   | es of value<br>: Antiques and figurin<br>other collections, m       |                      |   | oks, pictures, or other ar     | t objects; stamp, coin, o                | r baseball card collections;  |
|               | l No<br>l Yes. D          | escribe   |                      |   |                                |  |   |
| E             | xamples<br>No             | musical instruments   | ic, exercise, and    | d other hobby equipment;                            | bicycles, pool tables, go      | lf clubs, skis; canoes an                | d kayaks; carpentry tools;  |
|               | I Yes. D                  | escribe   |                      |   |                                |  |   |
| 1             | rirearms<br>Example<br>No |   | guns, ammuniti       | on, and related equipmen                            | t                              |  |   |
|               | IVos D                    | oscribo   |                      |   |                                |  |   |

| Debtor          | Case 17-17132  Roberta Henry                                      | Doc 1                      | Filed 06/03/17<br>Document                         | Entered 06/03/17 11:12:17 Page 12 of 46 Case number (if known)      | Desc Main   |
|-----------------|---|----------------------------|--|---|---|
| □ N             | hes<br>amples: Everyday clothes, furs                             | , leather coat             | s, designer wear, shoes,                           | accessories   |   |
|                 | Used po   | ersonal clotl              | ning and accessories                               |   | \$275.00  |
| ■ N             | amples: Everyday jewelry, cost                                    | tume jewelry,              | engagement rings, wed                              | ding rings, heirloom jewelry, watches, gems, o                      | gold, silver  |
| Exa<br>■ Na     | -farm animals<br>amples: Dogs, cats, birds, hors<br>oes. Describe | ses                        |  |   |   |
| ■ N             |   |                            | u did not already list, iı                         | ncluding any health aids you did not list                           |   |
|                 | ld the dollar value of all of yo                                  |                            | ,  | ny entries for pages you have attached                              | \$575.00  |
|                 | Describe Your Financial Assets<br>own or have any legal or eq     |                            | est in any of the follow                           | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                 | amples: Money you have in you                                     |                            | ·  | osit box, and on hand when you file your petiti                     | on  |
| _ ' '           | 75  |                            |  | Cash on hand  | \$45.00   |
| Exa             | institutions. If you have   |                            | al accounts; certificates counts with the same ins | of deposit; shares in credit unions, brokerage titution, list each. | houses, and other similar   |
| ■ No            | o<br>es   |                            | Institution n                                      | ame:  |   |
| Exa<br>■ No     |   | nt accounts w              | ith brokerage firms, mor                           | ney market accounts   |   |
| 19. <b>No</b> n |   | nstitution or is           |  | orporated businesses, including an interes                          | et in an LLC, partnership, and  |
| ■ N             | es. Give specific information a                                   | about them<br>e of entity: |  | % of ownership:   |   |
| Ne<br>Noi       | n-negotiable instruments are th                                   | ersonal check              | s, cashiers' checks, pror                          | missory notes, and money orders.                                    |   |
| ■ N             | es. Give specific information al                                  | bout them er name:         |  |   |   |

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Case number (if known) Document Debtor 1 Roberta Henry 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Beneficiary:

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Surrender or refund

value:

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Case number (if known) Document Debtor 1 Roberta Henry 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$45.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$127,000.00 56. Part 2: Total vehicles, line 5 \$4,015.00 57. Part 3: Total personal and household items, line 15 \$575.00 58. Part 4: Total financial assets, line 36 \$45.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

\$4,635.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$131,635.00

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

page 5

\$4.635.00

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|                     |                          | 17(1,111)         |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this info   | rmation to identify your | case:             |             |  |
| Debtor 1            | Roberta Henry            |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property  Current value of the Amount of the exemption you claim portion you own |   | Specific laws that allow exemption                              |   |                       |
|---|---|---|---|-----------------------|
|   | Copy the value from<br>Schedule A/B   | Che   | ck only one box for each exemption.                             |                       |
| 1132 N Monticello Chicago, IL 60651<br>Cook County  | \$127,000.00  |   | \$15,000.00   | 735 ILCS 5/12-901     |
| Line from Schedule A/B: 1.1   | Copy the value from   Check only of Schedule A/B   Check only of Schedule A/B     1   | 100% of fair market value, up to any applicable statutory limit |   |                       |
| 2009 Saturn Aura 164000 miles Line from Schedule A/B: 3.1   | \$4,015.00  |   | \$2,400.00  | 735 ILCS 5/12-1001(c) |
| Ellie IIIIII <i>Schedule AVD</i> . 3.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                       |
| Used personal household furniture and goods/items   | \$300.00  |   | \$300.00  | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1   | perty portion you own Copy the value from Schedule A/B  o, IL 60651 \$127,000.00  miles \$4,015.00  furniture and \$300.00  ad accessories 1 \$275.00 |   | 100% of fair market value, up to any applicable statutory limit |                       |
| Used personal clothing and accessories  | \$275.00  |   | \$275.00  | 735 ILCS 5/12-1001(a) |
| Lille Hotti Schedule AVB. 11.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                       |
| Cash on hand Line from Schedule A/B: 16.1   | \$45.00   |   | \$45.00   | 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule PVD</i> . 10.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                       |

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Debtor 1 Roberta Henry

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Case                               | 17-17132                       | Doc 1 Filed 06/03/   |                      | d 06/03/17 11::<br>of 46                                | 12:17 Desc N                                       | <i>l</i> lain               |
|------------------------------------|--------------------------------|--|----------------------|---|--|-----------------------------|
| Fill in this information           | on to identify you             |  |                      | 771   |  |                             |
|                                    | Roberta Henry                  | Middle Name  | Last Name            |   |  |                             |
| Debtor 2                           | irst Name                      | Middle Name  | Last Name            |   |  |                             |
| United States Bankru               | ptcy Court for the             | : NORTHERN DISTRICT O  | F ILLINOIS           |   |  |                             |
| Case number                        |                                |  |                      |   |  |                             |
| (if known)                         |                                |  |                      |   | _  | if this is an<br>ded filing |
| Official Form 1                    | 06D                            |  |                      |   |  |                             |
| Schedule D:                        | Creditors                      | Who Have Claim   | ns Secured           | by Property   | У  | 12/15                       |
|                                    |                                | If two married people are filing to out, number the entries, and attac             |                      |   |  |                             |
| . Do any creditors have            | e claims secured b             | y your property?   |                      |   |  |                             |
| □ No. Check this                   | s box and submit t             | his form to the court with your c  | other schedules. Yo  | ou have nothing else to                                 | report on this form.                               |                             |
| Yes. Fill in all                   | of the information             | below.   |                      |   |  |                             |
| Part 1: List All Se                | cured Claims                   |  |                      |   |  |                             |
|                                    |                                | more than one secured claim, list th   |                      | Column A  | Column B   | Column C                    |
|                                    |                                | s a particular claim, list the other cre<br>ical order according to the creditor's |                      | Amount of claim  Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any    |
| 2.1 Carmax Auto                    | Finance                        | Describe the property that secu  | ires the claim:      | \$18,981.00   | \$4,015.00   | \$0.00                      |
| Creditor's Name                    |                                | 2009 Saturn Aura 164000  | miles                |   |  |                             |
| Po Box 44060<br>Kennesaw, G        |                                | As of the date you file, the clair apply.  Contingent                              | n is: Check all that |   |  |                             |
| Number, Street, City,              | State & Zip Code               | ☐ Unliquidated   |                      |   |  |                             |
| Who owes the debt?                 | Check one.                     | Disputed Nature of lien. Check all that ap   | oply.                |   |  |                             |
| Debtor 1 only                      |                                | ☐ An agreement you made (suc   |                      |   |  |                             |
| Debtor 2 only                      |                                | car loan)  |                      |   |  |                             |
| Debtor 1 and Debtor                | •                              | ☐ Statutory lien (such as tax lier   | n, mechanic's lien)  |   |  |                             |
| At least one of the de             |                                | ☐ Judgment lien from a lawsuit   |                      |   |  |                             |
| Check if this claim community debt | relates to a                   | ☐ Other (including a right to offs   | et)                  |   |  |                             |
|                                    | Opened<br>08/16 Last<br>Active |  |                      |   |  |                             |
| Date debt was incurred             |                                | Last 4 digits of account   | number 5604          |   |  |                             |
|                                    |                                |  |                      |   |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here: \$18,981.00 If this is the last page of your form, add the dollar value totals from all pages. \$18,981.00 Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|   | 545C 17 17102 L  | Document  | Page 18 of 46   |  |
|---|--|---|---|--|
| Fill in this info                                       | ormation to identify your                              | case:   |   |  |
| Debtor 1  | Roberta Henry  |   |   |  |
|   | First Name   | Middle Name   | Last Name   | -  |
| Debtor 2  | E. A.N.  | ACTUAL N  |   | -  |
| (Spouse if, filing)                                     | First Name   | Middle Name   | Last Name   |  |
| United States   | Bankruptcy Court for the:                              | NORTHERN DISTRICT OF ILL  | LINOIS  | -  |
| Case number   |  |   |   |  |
| (if known)  |  |   |   | ☐ Check if this is an  |
|   |  |   |   | amended filing   |
| Official Ea   | rm 106E/F  |   |   |  |
|   |  | /ho Have Unsecured  | Claims  | 12/15  |
|   |  |   |   | NONPRIORITY claims. List the other party to  |
| Schedule G: Exe<br>Schedule D: Cre<br>eft. Attach the C | ecutory Contracts and Unexpections Who Have Claims Sec | ired Leases (Official Form 106G). Dured by Property. If more space is i | Oo not include any creditors with partia<br>needed, copy the Part you need, fill it o | /B: Property (Official Form 106A/B) and on<br>ally secured claims that are listed in<br>out, number the entries in the boxes on the<br>the top of any additional pages, write your |
| Part 1: List  | t All of Your PRIORITY Un                              | secured Claims  |   |  |
| 1. Do any cred  | ditors have priority unsecure                          | d claims against you?   |   |  |
| No. Go t  | o Part 2.  |   |   |  |
| ☐ Yes.  |  |   |   |  |
|   | t All of Your NONPRIORIT                               |   |   |  |
| 3. Do any cred  | ditors have nonpriority unsec                          | cured claims against you?   |   |  |
| ☐ No. You   | have nothing to report in this p                       | art. Submit this form to the court with                                 | your other schedules.   |  |
| Yes.  |  |   |   |  |
| unsecured of  | claim, list the creditor separately                    | y for each claim. For each claim listed                                 |   | reditor has more than one nonpriority<br>ist claims already included in Part 1. If more<br>red claims fill out the Continuation Page of  |
|   |  |   |   | Total claim  |
|   | ver Bank   | Last 4 digits of acc  | ount number   | \$8,000.00   |
|   | ority Creditor's Name<br>litt and Gaines, PC           | When was the debt   | incurred?   |  |
|   | Blenn Ave  | Triidii Wad tiid addi   |   |  |
|   | eling, IL 60090  |   |   |  |
|   | er Street City State Zlp Code                          | As of the date you t  | file, the claim is: Check all that apply  |  |
| _   | ncurred the debt? Check one.                           | _   |   |  |
|   | otor 1 only  | ☐ Contingent  |   |  |
|   | otor 2 only  | Unliquidated  |   |  |
|   | otor 1 and Debtor 2 only                               | ☐ Disputed  |   |  |
|   | east one of the debtors and and                        |   | RITY unsecured claim:   |  |
| ☐ Che<br>debt   | eck if this claim is for a com                         |   | an out of a consention  |  |
|   | claim subject to offset?                               | report as priority clain  | ng out of a separation agreement or divor ms  | ce mai you did not   |
| ■ No  |  | ☐ Debts to pension  | or profit-sharing plans, and other similar  | debts  |
| ☐ Yes   |  | Other Specific  | case # 05 M1 117523   |  |

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| Roberta Herry                                     | Case number (11 kilow)  |       |
|---|---|-------|
| Ernesto Borges Nonpriority Creditor's Name        | Last 4 digits of account number   | \$1.0 |
| 105 W. Madison Street, 23 Fl<br>Chicago, IL 60602 | When was the debt incurred?   |       |
| Number Street City State Zlp Code                 | As of the date you file, the claim is: Check all that apply   |       |
| Who incurred the debt? Check one.                 |   |       |
| ■ Debtor 1 only                                   | ☐ Contingent  |       |
| ☐ Debtor 2 only                                   | ☐ Unliquidated  |       |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed  |       |
| ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:  |       |
| ☐ Check if this claim is for a community          | ☐ Student loans   |       |
| debt Is the claim subject to offset?              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |       |
| No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                          |       |
| ☐Yes  | ■ Other. Specify attys fees   |       |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | T  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     |    | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 8,001.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 8,001.00   |

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|                     |                          |                   | III FAUE / U UI 40 |  |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                    |  |
| Debtor 1            | Roberta Henry            |                   |                    |  |
|                     | First Name               | Middle Name       | Last Name          |  |
| Debtor 2            |                          |                   |                    |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                          |                   |                    |  |
| ()                  |                          |                   |                    |  |

### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

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|                           |  | Docume                         | ent Page 21 o             | ot 46                | _   |
|---------------------------|--|--------------------------------|---------------------------|----------------------|---|
| Fill in thi               | is information to identify your                                      | r case:                        |                           |                      |   |
|                           |  |                                |                           |                      |   |
| Debtor 1                  | Roberta Henry First Name   | Middle Name                    | Last Name                 |                      |   |
| Dobtor 2                  | i iist ivaine  | Wildule Name                   | Last Name                 |                      |   |
| Debtor 2<br>(Spouse if, f | iling) First Name  | Middle Name                    | Last Name                 |                      |   |
| (                         |  |                                |                           |                      |   |
| United St                 | tates Bankruptcy Court for the:                                      | NORTHERN DISTRICT              | OF ILLINOIS               |                      |   |
| _                         |  |                                |                           |                      |   |
| Case nur<br>(if known)    | mber   |                                |                           |                      | ☐ Check if this is an   |
| (ii idiowii)              |  |                                |                           |                      | Check if this is an amended filing  |
|                           |  |                                |                           |                      | amended ming  |
| Officia                   | al Form 106H   |                                |                           |                      |   |
|                           |  |                                |                           |                      |   |
| Sche                      | dule H: Your Cod   | lebtors                        |                           |                      | 12/15   |
|                           |  |                                |                           |                      |   |
| ill it out,               |  | e boxes on the left. Attach    | the Additional Page       |                      | needed, copy the Additional Page, op of any Additional Pages, write   |
| 1. Do                     | o you have any codebtors? (If  | f you are filing a joint case, | do not list either spouse | e as a codebtor.     |   |
| ■ No                      | 2  |                                |                           |                      |   |
|                           |  |                                |                           |                      |   |
|                           |  |                                |                           |                      |   |
|                           | ithin the last 8 years, have yo<br>ona, California, Idaho, Louisiana |                                |                           |                      |   |
| ■ No                      | o. Go to line 3.   |                                |                           |                      |   |
|                           | es. Did your spouse, former spo                                      | ouse, or legal equivalent live | with you at the time?     |                      |   |
| \                         | se. Dia year opeace, reimer ope                                      | ouce, or legal equivalent live | with you at the time.     |                      |   |
| in lin<br>Form            | ne 2 again as a codebtor only  | if that person is a guaran     | tor or cosigner. Make     | sure you have listed | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fill |
|                           | Column 1: Your codebtor  |                                |                           | Column 2: The cr     | reditor to whom you owe the debt  |
|                           | Name, Number, Street, City, State and 2                              | ZIP Code                       |                           | Check all schedu     | les that apply:   |
| 0.4                       |  |                                |                           | <b></b>              |   |
| 3.1                       | Name   |                                |                           | Schedule D, lii      |   |
|                           | Name   |                                |                           | ☐ Schedule E/F,      |   |
|                           |  |                                |                           | ☐ Schedule G, li     | ne  |
|                           | Number Street  |                                |                           |                      |   |
|                           | City   | State                          | ZIP Code                  |                      |   |
|                           |  |                                |                           |                      |   |
|                           |  |                                |                           | <b>-</b>             |   |
| 3.2                       | Neme   |                                |                           | Schedule D, lii      |   |
|                           | Name   |                                |                           | ☐ Schedule E/F,      |   |
|                           |  |                                |                           | ☐ Schedule G, li     | ne  |
|                           | Number Street  |                                |                           |                      |   |
|                           | City   | State                          | ZIP Code                  |                      |   |

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| Fill               | in this information to identify your c  | ase:                          |   |                    |                |   |                           |   |                 |
|--------------------|---|-------------------------------|---|--------------------|----------------|---|---------------------------|---|-----------------|
| Deb                | otor 1 Roberta Hen  | ıry                           |   |                    |                |   |                           |   |                 |
|                    | otor 2<br>ouse, if filing)  |                               |   |                    |                |   |                           |   |                 |
| Uni                | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC           | CT OF ILLINOIS                                      |                    |                |   |                           |   |                 |
|                    | se number<br>   |                               |   |                    |                |   | d filing<br>ent sho       | g<br>owing postpetition<br>he following date: |                 |
| 0                  | fficial Form 106I   |                               |   |                    |                | MM / DD/ Y                                | YYY                       |   |                 |
| S                  | chedule I: Your Inc   | ome                           |   |                    |                |   |                           |   | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The Describe Employment Fill in your employment | are married and not filing wi | ng jointly, and your ith you, do not inclu          | spouse<br>de infor | is liv<br>mati | ring with you, inclu<br>on about your spo | ude in<br>ouse. I         | formation about                               | your<br>needed, |
| ١.                 | information.  | Debtor 1                      |   |                    | Debtor 2       | Debtor 2 or non-filing spouse             |                           |   |                 |
|                    | If you have more than one job, attach a separate page with information about additional   | Employment status             | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                    |                | ·   | ☐ Employed ☐ Not employed |   |                 |
|                    | employers.  | Occupation                    | Teacher   |                    |                |   |                           |   |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name               | New Beginnings                                      |                    |                |   |                           |   |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address            | 5445 W North Av<br>Chicago, IL 6063                 |                    |                |   |                           |   |                 |
|                    |   | How long employed t           | here? 23 year                                       | S                  |                |   |                           |   |                 |
| Par                | t 2: Give Details About Mo  | nthly Income                  |   |                    |                |   |                           |   |                 |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If    | you have nothing to r                               | eport for          | any            | line, write \$0 in the                    | space                     | e. Include your no                            | n-filing        |
|                    | u or your non-filing spouse have me<br>e space, attach a separate sheet to  |                               | ombine the informatio                               | n for all e        | empl           | oyers for that perso                      | n on th                   | he lines below. If y                          | you need        |
|                    |   |                               |   |                    |                | For Debtor 1                              |                           | Debtor 2 or<br>n-filing spouse                |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                               |   | 2.                 | \$             | 1,993.33                                  | \$                        | N/A   |                 |
| 3.                 | Estimate and list monthly over  | ime pay.                      |   | 3.                 | +\$            | 0.00                                      | +\$                       | N/A   |                 |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.                |   | 4.                 | \$             | 1,993.33                                  | \$                        | N/A   |                 |

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| Debt | tor 1              | Roberta Henry  | _          | С        | ase number (if known) | _ |    |                            |          |
|------|--------------------|--|------------|----------|-----------------------|---|----|----------------------------|----------|
|      |                    |  |            |          |                       |   |    |                            |          |
|      |                    |  |            |          | For Debtor 1          |   |    | ebtor 2 or<br>iling spouse |          |
|      | Cop                | by line 4 here   | 4.         |          | \$ 1,993.33           |   | \$ | N/A                        |          |
| 5.   |                    | all payroll deductions:  |            |          |                       |   |    |                            |          |
|      | 5a.                | Tax, Medicare, and Social Security deductions  | 5a.        |          | \$ 458.64             |   | \$ | N/A                        |          |
|      | 5b.                | Mandatory contributions for retirement plans   | 5b.        |          | \$ 0.00               | _ | \$ | N/A                        |          |
|      | 5c.                | Voluntary contributions for retirement plans   | 5c.        |          | \$ 0.00               | • | \$ | N/A                        |          |
|      | 5d.                | Required repayments of retirement fund loans   | 5d.        |          | \$ 0.00               |   | \$ | N/A                        |          |
|      | 5e.                | Insurance  | 5e.        |          | \$ 0.00               | - | \$ | N/A                        |          |
|      | 5f.                | Domestic support obligations   | 5f.        |          | \$ 0.00               | - | \$ | N/A                        |          |
|      | 5g.                | Union dues   | 5g.        |          | \$ 0.00               | _ | \$ | N/A                        |          |
|      | 5h.                | Other deductions. Specify:   | 5h.        |          | \$0.00                | _ | \$ | N/A                        |          |
| 6.   |                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         |          | \$ 458.64             | _ | \$ | N/A                        |          |
| 7.   | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | :        | \$1,534.69            | - | \$ | N/A                        |          |
| 8.   | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                | 90         |          | Φ 0.00                |   | ¢  | NI/A                       |          |
|      | 8b.                | monthly net income.  Interest and dividends  | 8a.<br>8b. |          | \$\$<br>\$0.00        | _ | \$ | N/A<br>N/A                 |          |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent  |            |          | Φ0.00                 | - | Ψ  | IN/A                       |          |
|      | 00.                | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        |          | \$ 0.00               |   | \$ | N/A                        |          |
|      | 8d.                | Unemployment compensation  | 8d.        |          | \$ 0.00               | - | \$ | N/A                        |          |
|      | 8e.                | Social Security  | 8e.        |          | \$ 0.00               | _ | \$ | N/A                        |          |
|      | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f.        |          | \$                    |   | \$ | N/A                        |          |
|      | 8g.                | Pension or retirement income   | 8g.        |          | \$ 0.00               | - | \$ | N/A                        |          |
|      | 8h.                | Other monthly income. Specify:   | 8h.        | +        | \$0.00                | - | \$ | N/A                        |          |
| 9.   | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$       | 0.00                  |   | \$ | N/A                        |          |
| 10   | Cal                | culate monthly income. Add line 7 + line 9.  | 10.        | <b>1</b> | 1,534.69 + \$         | _ |    | N/A = \$                   | 1,534.69 |
| 10.  |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.        | Φ        | 1,534.69 + \$         | _ |    | N/A = \$                   | 1,554.69 |
| 11.  | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify: | deper      |          | . ,                   |   |    | hedule J.<br>11. +\$       | 0.00     |
| 12.  |                    | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies   |            |          |                       |   |    | 12. \$                     | 1,534.69 |
|      |                    |  |            |          |                       |   |    | Combin                     |          |
| 13.  |                    | you expect an increase or decrease within the year after you file this form  | ?          |          |                       |   |    | monthly                    | / income |
|      |                    | No.<br>Yes Explain:  |            |          |                       |   |    |                            |          |
|      |                    | TES EXCISION I   |            |          |                       |   |    |                            |          |

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| E:III      | in this informs             | tion to identify ve                 | Hr 0000:                |   |  |             |                                       |                    |  |      |
|------------|-----------------------------|-------------------------------------|-------------------------|---|--|-------------|---------------------------------------|--------------------|--|------|
| FIII       | in this informa             | tion to identify yo                 | ur case.                |   |  |             |                                       |                    |  |      |
| Deb        | tor 1                       | Roberta Henr                        | у                       |   |  | Ch          | neck if th                            | nis is:            |  |      |
|            | . 0                         |                                     |                         |   |  |             |                                       | mended filing      |  |      |
|            | otor 2<br>ouse, if filing)  |                                     |                         |   |  |             |                                       |                    | ving postpetition chaptor<br>the following date: | er   |
| (Opt       | ouse, ii iiiiig)            |                                     |                         |   |  |             | 10 0                                  | Aperioes as or     | are renewing date.                               |      |
| Unit       | ed States Bankr             | uptcy Court for the:                | NORTH                   | IERN DISTRICT OF ILLIN                                      | OIS                                      |             | MM /                                  | DD / YYYY          |  |      |
| Cas        | e number                    |                                     |                         |   |  |             |                                       |                    |  |      |
| (If k      | nown)                       |                                     |                         |   |  |             |                                       |                    |  |      |
| Of         | fficial Fo                  | rm 106J                             |                         |   |  |             |                                       |                    |  |      |
|            |                             | J: Your I                           | Exper                   | ises  |  |             |                                       |                    | 1  | 2/15 |
| Be<br>info | as complete a               | and accurate as                     | possible.<br>eded, atta | If two married people ar<br>ch another sheet to this        |  |             |                                       |                    |  |      |
|            |                             | ibe Your House                      | hold                    |   |  |             |                                       |                    |  |      |
| 1.         | Is this a join              |                                     |                         |   |  |             |                                       |                    |  |      |
|            | No. Go to                   |                                     |                         |   |  |             |                                       |                    |  |      |
|            | _                           | s Debtor 2 live i                   | n a separ               | ate household?  |  |             |                                       |                    |  |      |
|            |                             |                                     | 0                       | 15 40010 5  |  |             |                                       |                    |  |      |
|            | LI Ye                       | es. Debtor 2 mus                    | t file Offici           | al Form 106J-2, <i>Expenses</i>                             | for Separate House                       | enola of Di | ebtor 2.                              |                    |  |      |
| 2.         | Do you have                 | e dependents?                       | □ No                    |   |  |             |                                       |                    |  |      |
|            | Do not list De<br>Debtor 2. | ebtor 1 and                         | ■ Yes.                  | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |             |                                       | Dependent's<br>ige | Does dependent live with you?                    |      |
|            | Do not state                | the                                 |                         |   |  |             |                                       |                    | □ No   |      |
|            | dependents                  |                                     |                         |   | granddaughter                            |             | 1                                     | 1                  | ■ Yes  |      |
|            |                             |                                     |                         |   |  |             |                                       |                    | □ No   |      |
|            |                             |                                     |                         |   | granddaughter                            |             | 1                                     | 2                  | ■ Yes  |      |
|            |                             |                                     |                         |   |  |             |                                       |                    | □ No   |      |
|            |                             |                                     |                         |   |  |             |                                       |                    | ☐ Yes  |      |
|            |                             |                                     |                         |   |  |             |                                       |                    | □ No   |      |
| 3.         | Do your own                 | oncoc includo                       | _                       |   |  |             |                                       |                    | ☐ Yes  |      |
| ა.         |                             | enses include<br>f people other th  | nan                     | No  |  |             |                                       |                    |  |      |
|            | yourself and                | d your depender                     | nts? ⊔                  | Yes   |  |             |                                       |                    |  |      |
| Par        | t 2: Estima                 | ate Your Ongoir                     | na Monthi               | v Expenses  |  |             |                                       |                    |  |      |
| Est<br>exp | imate your ex               | penses as of yo                     | ur bankrı               | uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                                       |                    |  |      |
|            |                             |                                     |                         | government assistance i                                     |  |             |                                       |                    |  |      |
|            | ficial Form 10              |                                     | i nave inc              | luded it on Schedule I: )                                   | our income                               |             |                                       | Your expe          | enses  |      |
| 4.         |                             | or home ownersland any rent for the |                         | ses for your residence. I                                   | nclude first mortgage                    |             | \$                                    |                    | 0.00   |      |
|            | If not includ               | led in line 4:                      |                         |   |  |             |                                       |                    |  |      |
|            | 4a. Real e                  | estate taxes                        |                         |   |  | 4a.         | \$                                    |                    | 0.00   |      |
|            |                             | rty, homeowner's                    | . or renter             | 's insurance  |  | 4a.<br>4b.  | · · · · · · · · · · · · · · · · · · · |                    | 0.00   |      |
|            |                             | •                                   | -                       | ıpkeep expenses   |  | 4c.         |                                       |                    | 0.00   |      |
|            |                             | owner's associati                   |                         |   |  | 4d.         |                                       |                    | 0.00   |      |
| 5.         | Additional n                | nortgage payme                      | nts for yo              | our residence, such as ho                                   | me equity loans                          | 5.          | \$                                    | <del></del>        | 0.00   |      |

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| Deb | otor 1  | Roberta I    | Henry  |  | Case num      | ber (if known)     |                             |
|-----|---------|--------------|--|--|---------------|--------------------|-----------------------------|
| 6.  | Utiliti | ies:         |  |  |               |                    |                             |
| 0.  | 6a.     |              | heat, natural gas  |  | 6a.           | \$                 | 0.00                        |
|     | 6b.     | -            | ver, garbage collection                                      |  | 6b.           | · ·                | 30.00                       |
|     | 6c.     |              | e, cell phone, Internet, satel                               | lite, and cable services   | 6c.           | ·                  | 120.00                      |
|     | 6d.     | Other. Spe   |  |  | 6d.           | ·                  | 0.00                        |
| 7.  |         |              | ekeeping supplies  |  | 7.            |                    | 459.69                      |
| 8.  |         |              | hildren's education costs                                    |  | 8.            | \$                 | 0.00                        |
| 9.  |         |              | ry, and dry cleaning   |  | 9.            | \$                 | 40.00                       |
|     |         | •            | roducts and services   |  | 10.           | · —                | 35.00                       |
|     |         | -            | ntal expenses  |  | 11.           | ·                  | 50.00                       |
|     |         |              | Include gas, maintenance,                                    | bus or train fare.   |               | ·                  | <del></del>                 |
|     |         |              | ar payments.   | 240 C. Hall late.  | 12.           | \$                 | 120.00                      |
| 13. | Ente    | rtainment,   | clubs, recreation, newspa                                    | pers, magazines, and books   | 13.           | \$                 | 0.00                        |
| 14. | Char    | itable cont  | ributions and religious do                                   | onations   | 14.           | \$                 | 0.00                        |
| 15. | Insur   | rance.       |  |  |               |                    |                             |
|     |         |              |  | ur pay or included in lines 4 or 20.   |               |                    |                             |
|     |         | Life insura  |  |  | 15a.          | *                  | 0.00                        |
|     | 15b.    | Health ins   | urance   |  | 15b.          |                    | 0.00                        |
|     | 15c.    | Vehicle in   | surance  |  | 15c.          | ·                  | 0.00                        |
|     |         |              | rance. Specify:  |  | 15d.          | \$                 | 0.00                        |
| 16. |         |              |  | your pay or included in lines 4 or 20.   |               | •                  |                             |
|     |         |              | state taxes  |  | 16.           | \$                 | 170.00                      |
| 17. |         |              | ease payments:   |  | 47.           | Φ.                 | 000.00                      |
|     |         |              | ents for Vehicle 1   |  | 17a.          | ·                  | 300.00                      |
|     |         |              | ents for Vehicle 2   |  | 17b.          | ·                  | 0.00                        |
|     |         | Other. Spe   |  |  | 17c.          | · -                | 0.00                        |
| 40  |         | Other. Spe   |  |  | 17d.          | \$                 | 0.00                        |
| 18. |         |              |  | , and support that you did not report<br>ule I, Your Income (Official Form 106 |               | \$                 | 0.00                        |
| 19  |         |              |  | ners who do not live with you.   | )i).          | \$                 | 0.00                        |
|     | Spec    |              | you make to support our                                      | ioro unio do not into uniin your   | 19.           | <u> </u>           | 0.00                        |
| 20. |         | ·            | erty expenses not include                                    | ed in lines 4 or 5 of this form or on Se                                       |               | our Income.        |                             |
|     |         |              | s on other property  |  | 20a.          |                    | 0.00                        |
|     |         | Real estat   |  |  | 20b.          | \$                 | 0.00                        |
|     | 20c.    | Property, I  | nomeowner's, or renter's ins                                 | surance  | 20c.          | \$                 | 0.00                        |
|     |         |              | ce, repair, and upkeep exp                                   |  | 20d.          | \$                 | 0.00                        |
|     | 20e.    | Homeown      | er's association or condomi                                  | inium dues   | 20e.          | \$                 | 0.00                        |
| 21. | Othe    | r: Specify:  |  |  | 21.           | +\$                | 0.00                        |
|     |         | . ,          |  |  |               |                    |                             |
| 22. |         | -            | nonthly expenses   |  |               |                    |                             |
|     |         |              | through 21.  |  | _             | \$                 | 1,324.69                    |
|     | 22b. (  | Copy line 2  | 2 (monthly expenses for De                                   | ebtor 2), if any, from Official Form 106J-                                     | -2            | \$                 |                             |
|     | 22c. /  | Add line 22a | a and 22b. The result is yo                                  | ur monthly expenses.   |               | \$                 | 1,324.69                    |
| 23  | Calci   | ulate vour i | monthly net income.  |  |               |                    |                             |
| _0. |         | •            | 12 (your combined monthly                                    | income) from Schedule I  | 23a.          | \$                 | 1,534.69                    |
|     |         | . ,          | monthly expenses from line                                   | ,  | 23b.          | *                  | 1,324.69                    |
|     | _55.    | Jopy Jour    |  | 550.0.   | 200.          | <i>*</i>           | 1,024.00                    |
|     | 23c.    | Subtract v   | our monthly expenses from                                    | vour monthly income.   |               |                    |                             |
|     |         |              | is your monthly net income                                   |  | 23c.          | \$                 | 210.00                      |
|     |         |              |  |  |               |                    | <del>.</del>                |
| 24. |         |              |  | n your expenses within the year after  |               |                    |                             |
|     |         |              | ou expect to finish paying for yo<br>terms of your mortgage? | ur car loan within the year or do you expect                                   | your mortgage | payment to increas | se or decrease decause of a |
|     | ■ No    |              | to or your mortgago:   |  |               |                    |                             |
|     |         |              | Explain here:  |  |               |                    |                             |
|     | ☐ Ye    | es.          | ∟∧µiaiii iieie.  |  |               |                    |                             |

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| Fill in this infor  | mation to identify your    | case:                    |                         |  |                                      |
|---------------------|----------------------------|--------------------------|-------------------------|--|--------------------------------------|
| Debtor 1            | Roberta Henry              |                          |                         |  |                                      |
|                     | First Name                 | Middle Name              | Last Name               |  |                                      |
| Debtor 2            |                            |                          |                         |  |                                      |
| (Spouse if, filing) | First Name                 | Middle Name              | Last Name               |  |                                      |
| United States B     | ankruptcy Court for the:   | NORTHERN DISTRIC         | OF ILLINOIS             |  |                                      |
| Case number         |                            |                          |                         |  |                                      |
| (if known)          |                            |                          |                         |  | ☐ Check if this is an                |
|                     |                            |                          |                         |  | amended filing                       |
|                     |                            |                          |                         |  |                                      |
| Official For        | m 106Dec                   |                          |                         |  |                                      |
|                     |                            | n Individual             | Dobtoric                | Sahadulas  |                                      |
| Declara             | tion About a               | in individua             | Deploi 5                | <u> Scriedules                                    </u> | 12/15                                |
| If two married n    | eople are filing together  | hoth are equally reco    | ncible for cumplying    | a correct information                                  |                                      |
| ii two married p    | eopie are ming together    | , both are equally respe | maible for supplying    | , correct information.                                 |                                      |
| You must file th    | is form whenever you fi    | le hankruntev schedule   | s or amonded sched      | lulos Making a falso stat                              | ement, concealing property, or       |
| obtaining mone      | ev or property by fraud in | connection with a ban    | kruntov case can res    | sult in fines up to \$250.0                            | 00, or imprisonment for up to 20     |
|                     | 18 U.S.C. §§ 152, 1341, 1  |                          |                         | Juli III III Juli up 10 4200,0                         |                                      |
|                     |                            |                          |                         |  |                                      |
| Sie                 | un Balaur                  |                          |                         |  |                                      |
| Sig                 | ın Below                   |                          |                         |  |                                      |
| Did you pa          | ay or agree to pay some    | one who is NOT an atto   | rney to help you fill o | out bankruptcy forms?                                  |                                      |
| ■ No                |                            |                          |                         |  |                                      |
| _                   |                            |                          |                         |  |                                      |
| ☐ Yes.              | Name of person             |                          |                         |  | nkruptcy Petition Preparer's Notice, |
|                     |                            |                          |                         | Deciaration  | n, and Signature (Official Form 119) |
|                     |                            |                          |                         |  |                                      |
|                     |                            | that I have read the sun | mary and schedules      | s filed with this declarati                            | on and                               |
| that they a         | re true and correct.       |                          |                         |  |                                      |
| X /s/ Rol           | berta Henry                |                          | X                       |  |                                      |
|                     | ta Henry                   |                          | Signatu                 | re of Debtor 2   |                                      |
| Signatu             | ure of Debtor 1            |                          |                         |  |                                      |
| Date                | June 3, 2017               |                          | Date                    |  |                                      |
| Date                | Julie 3, 2011              |                          |                         |  |                                      |

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| Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Port 1: Give Details About Your Marital Status and Where You Lived Before    What is your current marital status?   |       |                  |                                 |                                 |                                |                                 |                       |
|--|-------|------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-----------------------|
| Debtor 2   First Name  | Fill  | l in this inform | nation to identify you          | r case:                         |                                |                                 |                       |
| Debtor 2   September   First Name   Middle Name   Last Name  | De    | btor 1           |                                 |                                 |                                |                                 |                       |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS    Check if this is an amended filing  | De    | htor 2           | First Name                      | Middle Name                     | Last Name                      |                                 |                       |
| Case number   Check if this is an amended filing   Check if this is an amended filing    Difficial Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/16  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married   Not married    During the last 3 years, have you lived anywhere other than where you live now?  No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 2   lived there    Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property itates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Visconsin.)  No   Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2   Explain the Sources of Your Income    Debtor 1   Sources of Income   Check all that apply   Ch |       |                  | First Name                      | Middle Name                     | Last Name                      |                                 |                       |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/16  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  . What is your current marital status?  Married  No Tyes. List all of the places you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1  Debtor 2 Prior Address:  Dates Debtor 2  lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property lates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the lotal amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income Check all that apply.  Check all that apply.  Portuges, commissions, bonuses, tips  Debtor 2 Sources of income (before deductions and exclusions)   | Un    | ited States Bar  | kruptcy Court for the:          | NORTHERN DISTRICT (             | OF ILLINOIS                    |                                 |                       |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/16  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  . What is your current marital status?  Married  No Tyes. List all of the places you lived in the last 3 years. Do not include where you live now?  Poettor 1 Prior Address:  Dates Debtor 1  Debtor 2 Prior Address:  Dates Debtor 2  lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  Debtor 1  Sources of income employment or from operating a business during this year or the two previous calendar years?  Fill in the lotal amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income Check all that apply.  Geros income Check all that apply.  Boruses, tips  Debtor 2  Sources of income (before deductions and exclusions)  Debtor 2 Sources of income (before deductions and exclusions)  Boruses, tips  Debtor 1  Wages, commissions, boruses, tips  | Ca    | se number        |                                 |                                 |                                |                                 |                       |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy  de as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case unmber (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married  Not married  Not married  Not married  Debtor 1 Prior Address:  Dates Debtor 2 lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Li July ava have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Sources of income conversed to the previous calendar years of the previous calenda | (if k | nown)            |                                 |                                 |                                | _                               |                       |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy  de as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case unmber (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married  Not married  During the last 3 years, have you lived anywhere other than where you live now?  Debtor 1 Prior Address:  Dates Debtor 1 Ilived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Li July ave have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Sources of income Check all that apply. |       |                  |                                 |                                 |                                |                                 |                       |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Agrit   Give Details About Your Marital Status and Where You Lived Before   |       |                  |                                 |                                 |                                |                                 |                       |
| Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before    Married   | St    | atement          | of Financial                    | Affairs for Individ             | duals Filing for B             | ankruptcy                       | 4/16                  |
| What is your current marital status?   |       |                  |                                 |                                 |                                |                                 |                       |
| What is your current marital status?   Married   Not married   |       |                  |                                 |                                 | this form. On the top of an    | y additional pages, write you   | ir name and case      |
| What is your current marital status?   Married   Not married   | Pa    | rt 1 Give D      | etails About Your Ma            | arital Status and Where You     | Lived Before                   |                                 |                       |
| Married   Not married  | 1     |                  |                                 |                                 | 21100 201010                   |                                 |                       |
| During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  Debtor 2 Prior Address: Dates Debtor 2 lived there  No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Debtor 1 Sources of income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Debtor 2 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  Sources, tips  Wages, commissions, bonuses, tips  | ١.    | wilat is your    | current maritai statt           | 1 <b>5</b> f                    |                                |                                 |                       |
| During the last 3 years, have you lived anywhere other than where you live now?    No  |       | _                |                                 |                                 |                                |                                 |                       |
| Pebtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address:  Dates Debtor 2   Debtor 2   Debtor 2 Prior Address:  Dates Debtor 2   Dived there    No   |       | ■ Not mar        | ried                            |                                 |                                |                                 |                       |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.   Debtor 1 Prior Address:   Dates Debtor 1   Ived there   Debtor 2 Prior Address:   Dates Debtor 2   Ived there  | 2.    | During the la    | ist 3 years, have you           | lived anywhere other than       | where you live now?            |                                 |                       |
| Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 2   Debtor 3   Debtor 4   Debtor 4   Debtor 5   Debtor 5   Debtor 6   Debtor 6   Debtor 6   Debtor 7   Debtor 6   Debtor 7   Debtor 7   Debtor 8   Debtor 8   Debtor 9   Debto |       | ■ No             |                                 |                                 |                                |                                 |                       |
| lived there      |       | ☐ Yes. Lis       | t all of the places you l       | ived in the last 3 years. Do no | ot include where you live nov  | I.                              |                       |
| No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  S. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Ves. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filled for bankruptcy:  Wages, commissions, bonuses, tips  |       | Debtor 1 Pr      | or Address:                     |                                 | Debtor 2 Prior Ac              | ldress:                         |                       |
| No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  S. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Ves. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filled for bankruptcy:  Wages, commissions, bonuses, tips  | 3.    | Within the la    | st 8 vears. did vou ev          | ver live with a spouse or led   | aal equivalent in a commun     | ity property state or territory | ? (Community property |
| Tyes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$1,996.40   Wages, commissions, bonuses, tips   | stat  |                  |                                 |                                 |                                |                                 |                       |
| Tyes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$1,996.40   Wages, commissions, bonuses, tips   |       | ■ No             |                                 |                                 |                                |                                 |                       |
| From January 1 of current year until the date you filed for bankruptcy:  Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Debtor 2  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips   |       | _                | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O     | fficial Form 106H).            |                                 |                       |
| From January 1 of current year until the date you filed for bankruptcy:  Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  Debtor 1  Sources of income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Debtor 2  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips  | Б-    | -10 Fourtei      |                                 |                                 |                                |                                 |                       |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  No  Pestor 1  Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Pebtor 2  Sources of income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips   | Pa    | Explai           | n the Sources of You            | r income                        |                                |                                 |                       |
| Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Debtor 1 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips  \$1,996.40  | 4.    | Fill in the tota | I amount of income yo           | u received from all jobs and a  | all businesses, including part | -time activities.               | ndar years?           |
| Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips  \$1,996.40  |       | □ No             |                                 |                                 |                                |                                 |                       |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips  |       | _                | in the details.                 |                                 |                                |                                 |                       |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$1,996.40  Wages, commissions, bonuses, tips  |       |                  |                                 | Dobtor 1                        |                                | Dobtor 2                        |                       |
| Check all that apply.  Check all that apply.  (before deductions and exclusions)  Check all that apply.  (before deductions and exclusions)  The date you filed for bankruptcy:  Standard Research  Wages, commissions, bonuses, tips  \$1,996.40  Discrept Wages, commissions, bonuses, tips  |       |                  |                                 |                                 | Gross income                   |                                 | Gross income          |
| the date you filed for bankruptcy: bonuses, tips bonuses, tips   |       |                  |                                 |                                 | (before deductions and         |                                 | (before deductions    |
|  |       |                  |                                 | •                               | \$1,996.40                     | _                               |                       |
| ☐ Operating a business ☐ Operating a business  |       |                  |                                 | ☐ Operating a business          |                                | ☐ Operating a business          |                       |

Official Form 107

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|           |  |   |   | Debtor 1   |  | Debtor 2   |  |
|-----------|--|---|---|--|--|--|--|
|           |  |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions)    |
|           | r last calen<br>inuary 1 to                      |   | 31, 2016 )  | ■ Wages, commissions, bonuses, tips  | \$19,536.00  | ☐ Wages, commissions bonuses, tips   | ;,   |
|           |  |   |   | ☐ Operating a business   |  | ☐ Operating a business   | ;  |
| Fo<br>(Ja | r the calend<br>inuary 1 to                      | dar year be<br>December                                   | fore that:<br>31, 2015 )  | ■ Wages, commissions, bonuses, tips  | \$17,634.00  | ☐ Wages, commissions bonuses, tips   | 5,   |
|           |  |   |   | ☐ Operating a business   |  | ☐ Operating a business   | ;  |
| 5.        | Include include and other winnings.  List each s | come regard<br>public bene<br>If you are fil              | fless of wheth<br>fit payments;<br>ing a joint cas<br>the gross inco  | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separat   | amples of other income are all<br>test; dividends; money collect<br>you received together, list it or  | ed from lawsuits; royalties<br>nly once under Debtor 1.  | al Security, unemployment,<br>; and gambling and lottery |
|           |  |   |   | Debtor 1   |  | Debtor 2   |  |
|           |  |   |   | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of income<br>Describe below.   | Gross income<br>(before deductions<br>and exclusions)    |
| Pa        | rt 3: List                                       | Certain Pa  | yments You  | Made Before You Filed for I  | Bankruptcy   |  |  |
| 6.        | □ No.  | Neither Deindividual   During the   No.   Yes   * Subject | ebtor 1 nor D primarily for a  90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or househol re you filed for bankruptcy, die ach creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years to both have primarily consure you filed for bankruptcy, die to 1/1/19 and every 3 years to 2/1/19 and every 3, years to 2/1/19 and every 4, years to 2/1/19 and | Imer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the former debts. | of \$6,425* or more?  n one or more payments attacked attacked attacked to the support of a fter the date of adjustments at the date of adjustments. | nd the total amount you<br>ort and alimony. Also, do     |
|           |  | ■ No.   | Go to line 7  |  |  |  |  |
|           |  | ☐ Yes   | include pay   | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.  |  |  |  |
|           | Creditor'  | s Name an   | d Address   | Dates of navme   | nt Total amount  | Amount you Was th  | nis navment for  |

paid

still owe

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Case number (if known) Document Debtor 1 Roberta Henry

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |   |                             |                      |                      |                              |                              |  |  |  |
|-----|---|---|-----------------------------|----------------------|----------------------|------------------------------|------------------------------|--|--|--|
|     |   | No  |                             |                      |                      |                              |                              |  |  |  |
|     |   | Yes. List all payments to an insider.   |                             |                      |                      |                              |                              |  |  |  |
|     | Ins   | ider's Name and Address   | Dates of payment            | Total amount paid    | Amount you still owe | Reason for                   | this payment                 |  |  |  |
| В.  | insi  | hin 1 year before you filed for bankruptoder? ude payments on debts guaranteed or cos   |                             | ments or transfer a  | any property on a    | ccount of a d                | ebt that benefited an        |  |  |  |
|     |   | No  |                             |                      |                      |                              |                              |  |  |  |
|     |   | Yes. List all payments to an insider  |                             |                      |                      |                              |                              |  |  |  |
|     | Ins   | ider's Name and Address   | Dates of payment            | Total amount paid    | Amount you still owe | Reason for Include cred      | this payment<br>litor's name |  |  |  |
| Par | t 4:  | Identify Legal Actions, Repossession  | ns, and Foreclosures        |                      |                      |                              |                              |  |  |  |
| 9.  | List  | hin 1 year before you filed for bankrupte<br>all such matters, including personal injury<br>difications, and contract disputes.  No Yes. Fill in the details. |                             |                      |                      |                              |                              |  |  |  |
|     |   | se title<br>se number   | Nature of the case          | Court or agency      |                      | Status of th                 | e case                       |  |  |  |
| 10. |   | hin 1 year before you filed for bankrupto<br>cck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.    |                             | rty repossessed, f   | oreclosed, garnis    | shed, attached               | d, seized, or levied?        |  |  |  |
|     | Cre   | editor Name and Address   | Describe the Property       |                      | Date                 |                              | Value of the                 |  |  |  |
|     |   |   | Explain what happened       |                      |                      |                              | property                     |  |  |  |
| 11. |   | hin 90 days before you filed for bankrup<br>ounts or refuse to make a payment bec<br>No<br>Yes. Fill in the details.  | ause you owed a debt?       |                      | nancial institutior  | , set off any a              | amounts from your            |  |  |  |
|     | Cre   | editor Name and Address   |                             |                      |                      | Date action was Amount taken |                              |  |  |  |
| 12. | <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul>   |   |                             |                      |                      |                              |                              |  |  |  |
| Par | t 5:  | List Certain Gifts and Contributions  |                             |                      |                      |                              |                              |  |  |  |
|     |   | hin 2 years before you filed for bankrup<br>No<br>Yes. Fill in the details for each gift.   | tcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person                 | ?                            |  |  |  |
|     | Gif   | its with a total value of more than \$600 r person  | Describe the gifts          |                      | Date:<br>the g       | s you gave<br>ifts           | Value                        |  |  |  |
|     |   | rson to Whom You Gave the Gift and dress:   |                             |                      |                      |                              |                              |  |  |  |

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| 14. | Within 2 years before you filed for bank  No  | ruptcy          | y, did you give any gifts or contribution   | ns with a tota         | al value of more than                   | \$600 to any charity?    |
|-----|---|-----------------|---|------------------------|---|--------------------------|
|     | Yes. Fill in the details for each gift or   | contrib         | oution.   |                        |   |                          |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo  | total           | Describe what you contributed   |                        | Dates you contributed                   | Value                    |
| Pa  | rt 6: List Certain Losses   |                 |   |                        |   |                          |
| 15. | Within 1 year before you filed for bankru or gambling?  | uptcy           | or since you filed for bankruptcy, did y  | ou lose any            | thing because of thef                   | ft, fire, other disaster |
|     | ■ No □ Yes. Fill in the details.  |                 |   |                        |   |                          |
|     | Describe the property you lost and how the loss occurred  | Inclu           | cribe any insurance coverage for the loude the amount that insurance has paid. Learnce claims on line 33 of Schedule A/B: | ist pending            | Date of your loss                       | Value of property lost   |
| Pa  | rt 7: List Certain Payments or Transfer   | ·s              |   |                        |   |                          |
| 16. | Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  No Yes. Fill in the details.                     | prepa           | aring a bankruptcy petition?  |                        |   | rty to anyone you        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not   | You             | Description and value of any propertransferred  | erty                   | Date payment or transfer was made       | Amount of payment        |
|     | STAHULAK & ASSOCIATES, L.L.C<br>53 W. Jackson Blvd., Suite 652<br>Chicago, IL 60604   |                 | \$350.00 (\$310.00 filing fee + \$33 report + \$7 cop)  | 3 credit               | 5/20/17                                 | \$350.00                 |
|     | Summit Financial Education, Inc<br>4800 E Flower St<br>Tucson, AZ 85712   |                 | credit counseling   |                        | 5/24/17                                 | \$15.00                  |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your cred Do not include any payment or transfer that No  Yes. Fill in the details.                 | ditors          | s or to make payments to your creditors<br>listed on line 16.   | s?                     |   |                          |
|     | Person Who Was Paid<br>Address  |                 | Description and value of any propertransferred  | erty                   | Date payment<br>or transfer was<br>made | Amount of payment        |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al | ur bus<br>s mad | siness or financial affairs?<br>de as security (such as the granting of a se  |                        |   |                          |
|     | Yes. Fill in the details.  Person Who Received Transfer   |                 | Description and value of  |                        | any property or                         | Date transfer was        |
|     | Address  Person's relationship to you   |                 | property transferred  | payments<br>paid in ex | s received or debts change              | made                     |
|     | . c. con a rotationarily to you   |                 |   |                        |   |                          |

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| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote-  |   | ny property to a  | self-settle             | ed trust or similar device                           | of which ye    | ou are a                             |  |  |  |  |
|-----|--|---|-------------------|-------------------------|--|----------------|--------------------------------------|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.   |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Name of trust  | Description and   | alue of the pro   | perty trans             | sferred  | Date Trai      | nsfer was                            |  |  |  |  |
| Pa  | Int 8: List of Certain Financial Accounts, Inst  | ruments. Safe Deposi  | t Boxes, and S    | torage Unit             | ts   |                |                                      |  |  |  |  |
| 20. |  | •   | •                 | •                       |  | vour bonofit   | closed                               |  |  |  |  |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ   | other financial accou   | nts; certificate: | s of deposi             | ·  | -              |                                      |  |  |  |  |
|     | ■ No   | •   |                   |                         |  |                |                                      |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |   |                   |                         |  |                |                                      |  |  |  |  |
|     |  | Last 4 digits of account number   | Type of acco      | ount or                 | Date account was closed, sold, moved, or transferred |                | st balance<br>closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for  | r bankruptcy, a   | ny safe de <sub>l</sub> | posit box or other depo                              | sitory for se  | curities,                            |  |  |  |  |
|     | ■ No   |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Yes. Fill in the details.  |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)   |                   | Describe                | the contents   | Do you have it |                                      |  |  |  |  |
| 22. |  |   |                   |                         |  |                |                                      |  |  |  |  |
|     |  | place ether than you  |                   | i your boro             | io you mou ioi builliup                              | , .            |                                      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Name of Storage Facility   | Who else has or   | had access        | Describe                | the contents   | Do you         | u still                              |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | to it? Address (Number, State and ZIP Code)   | Street, City,     |                         |  | have it        | ?                                    |  |  |  |  |
| Pa  | art 9: Identify Property You Hold or Control for   | or Someone Else   |                   |                         |  |                |                                      |  |  |  |  |
| 23. | Do you hold or control any property that som for someone.  | eone else owns? Incl  | ude any prope     | rty you bor             | rowed from, are storing                              | for, or hold   | in trust                             |  |  |  |  |
|     | ■ No   |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Yes. Fill in the details.  |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)  |                   | Describe                | the property   |                | Value                                |  |  |  |  |
| Pa  | art 10: Give Details About Environmental Infor   | mation  |                   |                         |  |                |                                      |  |  |  |  |
|     | r the purpose of Part 10, the following definition   |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Environmental law means any federal, state, or lead statute or regulation assessment sellution, contamination, releases of because or  |   |                   |                         |  |                |                                      |  |  |  |  |
|     | toxic substances, wastes, or material into the   | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                   |                         |  |                |                                      |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |   |                   |                         |  |                |                                      |  |  |  |  |
|     | Hazardous material means anything an envir   | onmental law defines  | as a hazardous    | s wasta ha              | zardous substance tov                                | ic substanc    | -Δ                                   |  |  |  |  |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |  |  |       |   |                    |  |  |  |
|-----|--|--|--|-------|---|--------------------|--|--|--|
|     |  | Yes. Fill in the details.  |  |       |   |                    |  |  |  |
|     |  | me of site dress (Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                               | Date of notice     |  |  |  |
| 25. | Hav  | e you notified any governmental unit of  | any release of hazardous material?   |       |   |                    |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |       |   |                    |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                               | Date of notice     |  |  |  |
| 26. | Hav  | e you been a party in any judicial or adn  | ninistrative proceeding under any envi                                     | ironi | mental law? Include settlements                                 | and orders.        |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |       |   |                    |  |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na    | ture of the case  | Status of the case |  |  |  |
| Par | t 11:  | Give Details About Your Business or  | Connections to Any Business  |       |   |                    |  |  |  |
| 27. | Witl   | nin 4 years before you filed for bankrupt  | cy, did you own a business or have an                                      | ny of | the following connections to any                                | / business?        |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                          |  |  |       |   |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |  |       |   |                    |  |  |  |
|     | ☐ A partner in a partnership   |  |  |       |   |                    |  |  |  |
|     |  | ☐ An officer, director, or managing ex   | ecutive of a corporation   |       |   |                    |  |  |  |
|     |  | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation                                    |       |   |                    |  |  |  |
|     |  | No. None of the above applies. Go to F   | art 12.  |       |   |                    |  |  |  |
|     |  | Yes. Check all that apply above and fill   | in the details below for each business                                     | s.    |   |                    |  |  |  |
|     |  | siness Name<br>dress   | Describe the nature of the business  |       | Employer Identification numbe<br>Do not include Social Security |                    |  |  |  |
|     |  | mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   |       | Dates business existed  | number of fritt.   |  |  |  |
| 28. |  | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement                                     | to aı | nyone about your business? Inclu                                | ude all financial  |  |  |  |
|     |  | No<br>Yes. Fill in the details below.  |  |       |   |                    |  |  |  |
|     |  | me<br>dress<br>nber, Street, City, State and ZIP Code)                           | Date Issued  |       |   |                    |  |  |  |
|     |  |  |  |       |   |                    |  |  |  |

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Debtor 1 Roberta Henry Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Roberta Henry Signature of Debtor 2 Roberta Henry Signature of Debtor 1 Date June 3, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |
|------------|--------------------|---|
| \$245      | filing fee         | _ |
| \$75       | administrative fee |   |
| + \$15     | trustee surcharge  |   |
| \$335      | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Debtor's attorney received \$350.00 from Debtor(s) prior to filing of the case as an advanced payment in compensation of (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents; (4) payment of filing fees; and, when applicable (5) payment of costs of credit report fees.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: June 3, 2017                           | · ·                        |  |
|--|----------------------------|--|
| Signed:                                      |                            |  |
| /s/ Roberta Henry                            | /s/ Thomas G. Stahulak     |  |
| Roberta Henry                                | Thomas G. Stahulak 6288620 |  |
|  | Attorney for the Debtor(s) |  |
| Debtor(s)                                    |                            |  |
| Do not sign this agreement if the amounts as | re blank.                  |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In r | re Roberta Henry  | Case No.  |                                    |  |  |  |
|------|---|---|------------------------------------|--|--|--|
|      | Debtor(s)   | Chapter   | 13                                 |  |  |  |
|      | DISCLOSURE OF COMPENSATION OF   | ATTORNEY FOR D                                      | EBTOR(S)                           |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rende be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |   |                                    |  |  |  |
|      | For legal services, I have agreed to accept   | \$  | 4,000.00                           |  |  |  |
|      | Prior to the filing of this statement I have received   | \$  | 0.00                               |  |  |  |
|      | Balance Due   | \$  | 4,000.00                           |  |  |  |
| 2.   | \$310.00 of the filing fee has been paid.   |   |                                    |  |  |  |
| 3.   | The source of the compensation paid to me was:  |   |                                    |  |  |  |
|      | ■ Debtor □ Other (specify):   |   |                                    |  |  |  |
| 4.   | The source of compensation to be paid to me is:   |   |                                    |  |  |  |
|      | ■ Debtor □ Other (specify):   |   |                                    |  |  |  |
| 5.   | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm   |   |                                    |  |  |  |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.  |   |                                    |  |  |  |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |                                    |  |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> |   |                                    |  |  |  |
| 7.   | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.   |   |                                    |  |  |  |
|      | CERTIFICATIO  | N   |                                    |  |  |  |
|      | I certify that the foregoing is a complete statement of any agreement or arrange bankruptcy proceeding.   | gement for payment to me for                        | representation of the debtor(s) in |  |  |  |
|      | June 3, 2017 /s/ Thom   | as G. Stahulak                                      |                                    |  |  |  |
| _    | Date Thomas   | G. Stahulak 6288620                                 |                                    |  |  |  |
|      |   | of Attorney<br>& Associates, L.L.C. / GetF          | filed                              |  |  |  |
|      |   | ckson Blvd., Suite 652                              | iled                               |  |  |  |
|      |   | IL 60604  |                                    |  |  |  |
|      | ` '   | 2-1480 Fax: (312) 268-732<br>nulakandassociates.com | 8                                  |  |  |  |
|      | Name of l   |   |                                    |  |  |  |

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#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Roberta Henry   |   | Case No.   |  |
|-------|---|---|------------|--|
|       |   | Debtor(s)   | Chapter 13 |  |
|       | VE  | RIFICATION OF CREDITOR N                            | MATRIX     |  |
|       |   | Number of Creditors:                                |            |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |            |  |
| Date: | June 3, 2017  | /s/ Roberta Henry Roberta Henry Signature of Debtor |            |  |

Carmax Auto Finance Po Box 440609 Kennesaw, GA 30160

Discover Bank c/o Blitt and Gaines, PC 661 Glenn Ave Wheeling, IL 60090

Ernesto Borges 105 W. Madison Street, 23 Fl Chicago, IL 60602